

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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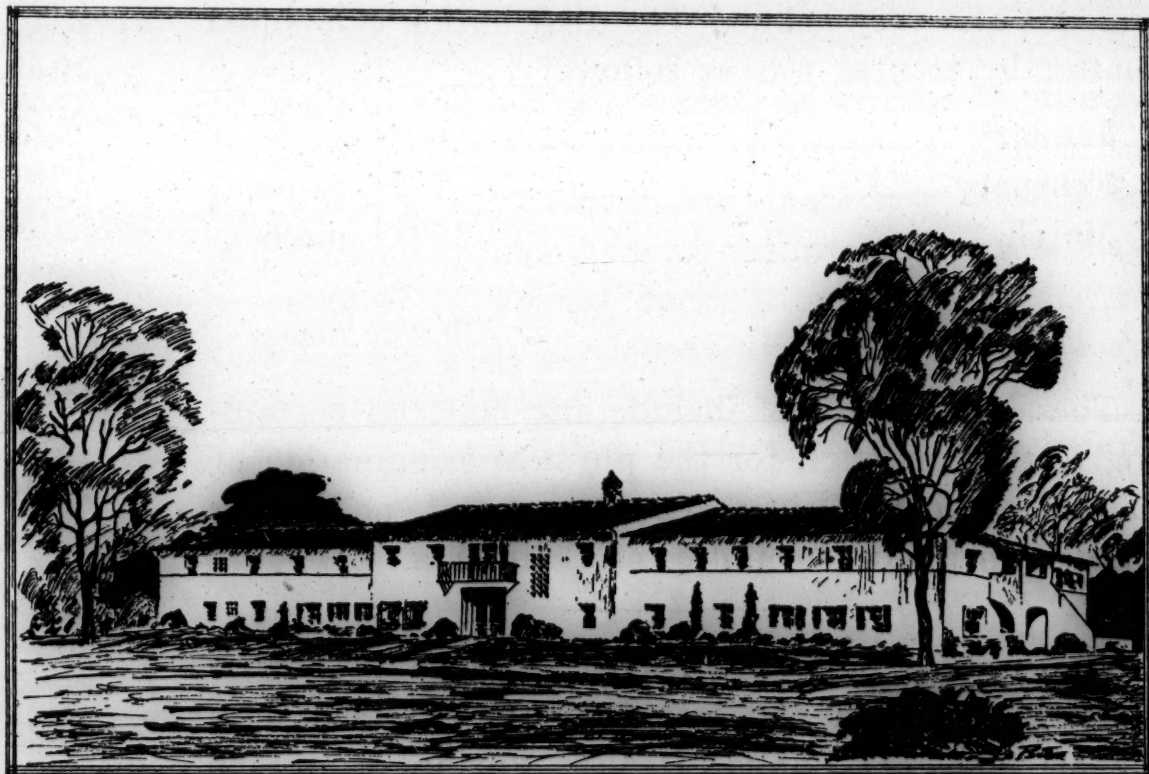
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GUY P. JONES
EDITOR

Los Angeles County Dedicates East Side Health Center Building

The Los Angeles County Health Department on Tuesday, April 16, celebrated the completion of the new East Side Health Center located in Belvedere Gardens. This center, which is the fifth to be established by the Los Angeles County Health Department, will serve a population of 175,000 in the unincorporated area of Belvedere and vicinity. This is said to be the largest unincorporated town in the United States. The building cost \$134,000 and was built upon plans drawn by the Los Angeles County Department of Architecture. It follows the Spanish type throughout. An elaborate program, followed by a banquet, marked the opening of the new building.



The new \$134,000 East Side Health Center of the Los Angeles County Health Department, located at 678 South Ferris street, Belvedere.

The history of the development of public health work in the Belvedere district is interesting. In 1921 Belvedere Gardens was subdivided and in less than three years it was transformed from gardens and dairy farms to a town of 25,000 people. Its growth since that time has been incessant and during the past five years nearly 1600 additional acres have been subdivided. The school population grew from 2000 pupils in 1914-15 to 14,500 in 1927-28. Schools located in the immediate vicinity bring the total school population of the district up to approximately 18,000 school children to be served by the health center. Approximately 40,000 Mexicans live in this

district. From the time that the town was first established the communicable diseases have been particularly rampant but the County Health Department has attacked the problems that presented themselves in the district with skill and vigor. The results have been most conspicuous. In 1928 Mexican infants were dying at the rate of 33 1/3 per cent. Following the institution of activities for the promotion of child hygiene the infant death rate declined and in 1928 less than 9 per cent of Mexican babies died during the first year of their lives. The children of the community are adequately immunized against diphtheria

and smallpox and during the past five years not more than 4 deaths from diphtheria have occurred during any one year.

The principal speakers at the dedication ceremonies were Lieutenant-Governor H. L. Carnahan, Dr. Walter M. Dickie, Director of the State Department of Public Health, Dr. J. L. Pomeroy, Health Officer of Los Angeles County, and Supervisors Frank L. Shaw, Fred T. Beaty and Henry W. Wright.

HEAVY DEMAND FOR INFORMATION ON CHILD AND INFANT CARE

The demand for information relative to infant and child care is indicated in the requests for literature upon this and kindred subjects. The Bureau of Child Hygiene distributed during January, February and March almost 30,000 pieces of such literature to individuals who requested that it be sent to them. It is interesting to note that more mothers asked for information upon the proper feeding of infants and children than upon any other subject. Next in importance, to judge from requests received, was care of the teeth. The demand for pamphlets upon the subjects of posture, mental training, and breast feeding was also very heavy. The distribution of printed matter by months was as follows:

January -----	8604 pieces
February -----	7692 pieces
March -----	12987 pieces
Total -----	29,283 pieces

These figures do not include any material pertaining to the campaign for the physical examination of children who will enter school next fall, now being carried on in forty counties of California.

The records of 42,000 school children in Massachusetts examined and tested by the Massachusetts Department of Public Health during a recent three-year period indicate that over one-fourth of them were infected with tuberculosis. No difference in susceptibility was found among children of various nationalities, but approximately twice as many with a history of exposure to pulmonary tuberculosis showed infection as those who had no such history.

The school children of Framingham showed a markedly lower rate of infection in 1926 than had been found in a former investigation in 1917; since which a nine years' intensive tuberculosis campaign had been carried on in that city. The reduction corresponds to the substantial reduction in the death rate from the disease in Massachusetts.—Children's Bureau, U. S. Dept. of Labor.

INFLUENZA INCREASES DEATHS FROM COMMUNICABLE DISEASES IN 1928

Deaths from communicable diseases in California in 1928 total 14,745, as against 12,797 for the year 1927. The increase is due to the many deaths from influenza and pneumonia that occurred in the fall of 1928, when influenza was widely prevalent. The deaths from influenza and pneumonia alone in 1928 total 6588. Appreciable decreases are noted in deaths from measles, diphtheria and poliomyelitis. An increased mortality is noted in whooping cough and epidemic meningitis.

Following are the numbers of deaths from the communicable diseases in California for the years 1927 and 1928:

	1927	1928
Typhoid fever -----	103	105
Malaria -----	15	17
Smallpox -----	5	2
Measles -----	312	25
Scarlet fever -----	62	54
Whooping cough -----	195	336
Diphtheria -----	306	273
Influenza -----	697	2123
Pneumonia -----	3784	4465
Dysentery -----	77	85
Poliomyelitis -----	224	81
Encephalitis -----	59	58
Meningitis -----	101	115
Tuberculosis (lungs) -----	5300	5452
Tuberculosis (other) -----	660	621
Venereal diseases -----	552	602
Other epidemic diseases -----	345	331
	12,797	14,745

STATE BIRTH RATE SLIGHTLY LOWER IN 1928

The California birth rate for 1928 was 19.2 per thousand population and in 1927 the rate was 19.9 per thousand population. There were 83,638 births in the state in 1928 and 84,334 births in 1927. The decrease is not particularly significant. All of the Pacific Coast states have low birth rates and the rate for 1928 undoubtedly represents a fair average for this state. The highest birth rate ever recorded in California was 22.2 for the year 1924, a rate only slightly lower than that for the birth registration area of the United States but considerably below the rate that is maintained by many of the states. Any consideration of the birth rate is dependent upon a proper estimate of the general population. Such estimates are computed upon bases furnished by the United States census population for 1910 and 1920. Since there is no exactly reliable information available as to the true population, estimates may vary considerably. The taking of the United States census in 1930 will be of great assistance to vital statisticians in providing more accurate computations of birth and death rates.

BACTERIOLOGICAL LABORATORY MAKES MANY EXAMINATIONS

The Bacteriological Laboratory of the California State Department of Public Health makes bacteriological examinations for all communities of California having populations less than 20,000. The bulk of the work carried on by the laboratory, therefore, is for rural communities and for small towns which are unable to provide the expensive equipment and the expert technical service that the laboratory must provide. Much of the bacteriological work for state institutions is also done in the state laboratory. The purposes of most of the examinations are twofold: (1) As an aid to physicians in establishing correct diagnoses of cases of communicable diseases. (2) As an aid to health officers in the enforcement of measures for the control of the communicable diseases, such as release from quarantine which may be dependent upon negative findings in examinations of specimens from a quarantine patient.

During the first two months of this year nearly 8000 specimens were examined in the State Bacteriological Laboratory. More than 5000 of these were examinations of blood for the diagnosis of syphilis (Wassermann tests). Most of these were from patients in state hospitals, state prisons, reform schools and other institutions. The large number of these examinations indicates the high type of medical work that the state is giving to its wards and it also indicates the valuable cooperative work accomplished between the various units of the state departments.

During the period mentioned more than 1500 examinations were made of nose and throat cultures for diphtheria. While some of these examinations were made for the purpose of establishing diagnoses, most of them were made for the purpose of determining the possibility of release of diphtheria patients from quarantine. Negative results in two specimens taken at least 48 hours apart are required before a diphtheria patient can be released from quarantine. Nearly 400 examinations were of sputum for cases suspected of tuberculosis and 200 of them were of blood and excreta made in connection with work in typhoid fever.

In addition to these examinations, several thousand examinations were made in the laboratory during January and February, for the purpose of determining the presence of intestinal protozoa and worms. Since the World War there is an apparent increase in the number of individuals who may harbor intestinal protozoa. Many members of the medical profession have indicated an intense interest in the problems associated with intestinal protozoa and the large volume of work accomplished in the examination of specimens submitted to the laboratory indicates the

importance of this work from a medical and public health point of view.

Many other types of examinations are performed in the laboratory, such as the examination of dogs' heads to prove the diagnosis of rabies, and the examination of rats and ground squirrels in order to detect the possible presence of plague. Examinations for malaria, pneumonia, anthrax, dysentery, trichinosis, tularemia, undulant fever and many other diseases are also performed regularly in the state laboratory.

CAREFUL EXAMINATION REQUIRED TO OBSERVE CHILD'S DEFECTS

The average parent does not see in his own child those physical defects which are quickly discovered by an expert in making a physical examination. It is surprising how blind parents may be, through continued association with their children, of abnormal conditions which are so speedily detected by skilled examiners. The average parent may not observe the incorrect methods of standing or sitting, the tendency to breathe through his mouth, poor nutrition or other defects commonly found in children who are about to enter school.

Impaired hearing is often undetected by the parents, as it may show itself only in an attitude of inattention and failure to observe, ordinarily, things that are quickly detected by a child with normal hearing. Failure to progress in school may be due to faulty eyesight and yet such failure to progress may be ascribed to mental backwardness. In order to discover any possible defects of this sort which may exist, it is essential that every child be given a thorough and competent physical examination before he enters school. Parents who desire to have such examinations made can take advantage of the services of the Bureau of Child Hygiene of the State Department of Public Health and the California Congress of Parents and Teachers, which organizations are providing physical examinations at no cost for California children who will enter school for the first time.

MORBIDITY *

Diphtheria.

52 cases of diphtheria have been reported, as follows: Alameda County 2, Oakland 1, Bakersfield 1, Los Angeles County 3, Alhambra 1, Burbank 1, El Segundo 1, Glendale 3, Long Beach 1, Los Angeles 13, Pasadena 1, San Gabriel 1, Santa Monica 1, Whittier 1, Needles 1, San Bernardino 1, San Diego 1, San Francisco 11, Santa Clara County 1, Santa Cruz County 4, Stanislaus County 2.

Scarlet Fever.

444 cases of scarlet fever have been reported, as follows: Alameda County 1, Alameda 3, Berkeley 10, Emeryville 3, Oakland 41, Piedmont 1, Jackson 1, Butte County 4, Chico 1, Colusa County 4, Contra Costa County 1, Fresno County 8, Fresno 8, Orland 1, Kern County 14, Bakersfield 2, Taft 4,

* From reports received on April 22d and 23d for week ending April 20th.

Lassen County 2, Los Angeles County 20, Alhambra 1, Beverly Hills 2, Glendale 2, Huntington Park 2, Long Beach 5, Los Angeles 52, Pasadena 1, San Fernando 2, Santa Monica 1, Torrance 1, Lynwood 2, South Gate 3, Ukiah 2, Anaheim 1, Santa Ana 1, Garden Grove 2, Plumas County 1, Riverside County 7, Riverside 5, Sacramento County 1, Sacramento 19, Chino 1, Redlands 1, San Bernardino 4, San Diego 14, San Francisco 67, San Joaquin County 6, Lodi 1, Stockton 22, Redwood City 1, San Bruno 1, Santa Clara County 13, Gilroy 2, Palo Alto 5, San Jose 16, Santa Cruz County 1, Sonoma County 20, Healdsburg 2, Petaluma 3, Sonoma 4, Stanislaus County 4, Tulare County 4, Lindsay 2, Porterville 3, Yolo County 2, Marysville 1, Wheatland 2.

Measles.

109 cases of measles have been reported, as follows: Oakland 8, San Leandro 3, Butte County 1, Humboldt County 2, Eureka 2, Los Angeles County 1, Alhambra 1, Arcadia 1, Burbank 39, Glendale 5, Los Angeles 17, Montebello 2, Tustin 1, Riverside 2, Sacramento 2, Chula Vista 1, Oceanside 1, San Diego 5, San Francisco 9, Palo Alto 1, San Jose 1, Watsonville 1, Ventura County 3.

Smallpox.

77 cases of smallpox have been reported, as follows: Alameda County 3, Alameda 6, Berkeley 7, Oakland 6, Butte County 5, Chico 5, Humboldt County 2, Eureka 1, Hanford 3, Long Beach 1, Monterey County 1, Sacramento County 1, Sacramento 2, Hollister 5, San Bernardino 1, San Francisco 1, Daly City 1, San Mateo 1, Santa Clara County 3, Gilroy 5, San Jose 2, Santa Cruz County 1, Watsonville 1, Sutter County 8, Tulare County 4, Visalia 1.

Typhoid Fever.

4 cases of typhoid fever have been reported, as follows: Los Angeles 2, Whittier 1, Tehama County 1.

Whooping Cough.

316 cases of whooping cough have been reported, as follows:

Alameda County 1, Alameda 2, Berkeley 18, Livermore 1, Oakland 35, Piedmont 2, San Leandro 16, Contra Costa County 7, Richmond 1, Kern County 3, Los Angeles County 20, Alhambra 1, Glendale 14, Huntington Park 3, Long Beach 3, Los Angeles 22, Monrovia 4, Pasadena 5, San Marino 1, South Gate 10, Maywood 1, Bell 1, Monterey County 16, Orange County 4, Orange 1, La Habra 2, Riverside County 3, Riverside 2, Sacramento 13, San Diego County 4, Chula Vista 2, San Diego 10, San Francisco 44, San Joaquin County 7, Lodi 1, Stockton 7, San Luis Obispo County 4, San Mateo County 2, Santa Clara County 3, Palo Alto 7, San Jose 2, Santa Cruz County 1, Watsonville 3, Sutter County 1, Dinuba 1, Yolo County 4, Davis 1.

Meningitis (Epidemic).

20 cases of epidemic meningitis have been reported, as follows: Oakland 1, San Leandro 2, Fresno 2, Los Angeles 2, Monterey County 4, Orange County 1, Anaheim 1, San Diego 1, San Francisco 2, San Joaquin County 1, Stanislaus County 1, Tulare County 1, California 1.**

Poliomyelitis.

Los Angeles reported one case of poliomyelitis.

Encephalitis (Epidemic).

South Gate reported one case of epidemic encephalitis.

Food Poisoning.

Watsonville reported one case of food poisoning.

Undulant Fever.

Fullerton reported one case of undulant fever.

Coccidioidal Granuloma.

Berkeley reported one case of coccidioidal granuloma.

** Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1929				1928			
	Week ending			Reports for week ending April 20 received by April 23	Week ending			Reports for week ending April 21 received by April 24
	Mar. 30	April 6	Mar. 13		Mar. 31	April 7	Mar. 14	
Actinomycosis.....	0	0	0	0	1	0	0	0
Botulism.....	1	0	0	0	0	0	0	0
Chickenpox.....	456	498	700	521	792	440	740	623
Coccidioidal Granuloma.....	1	0	1	1	0	0	4	0
Diphtheria.....	38	37	55	52	94	94	79	97
Dysentery (Amoebic).....	1	1	0	0	1	1	0	1
Dysentery (Bacillary).....	0	0	1	7	0	0	0	11
Encephalitis (Epidemic).....	1	0	1	1	1	1	0	2
Erysipelas.....	26	28	14	24	8	12	16	14
Food Poisoning.....	0	0	0	1	5	1	1	4
German Measles.....	56	20	45	37	529	334	389	331
Gonococcus Infection.....	109	117	125	87	87	98	87	102
Hookworm.....	0	0	0	0	1	1	0	0
Influenza.....	86	74	73	58	32	25	54	36
Jaundice (Epidemic).....	0	0	0	0	1	0	0	0
Leprosy.....	2	0	1	0	0	0	0	0
Malaria.....	2	0	0	1	2	1	0	0
Measles.....	66	53	59	109	210	126	126	159
Meningitis (Epidemic).....	48	14	39	20	4	3	2	5
Mumps.....	403	464	582	584	366	277	421	311
Ophthalmia Neonatorum.....	0	1	1	0	0	1	0	0
Paratyphoid Fever.....	0	0	2	0	0	0	0	1
Pellagra.....	1	3	2	1	0	2	2	0
Pneumonia (Lobar).....	81	84	72	76	92	65	60	42
Poliomyelitis.....	0	1	0	1	3	4	6	1
Rabies (Animal).....	15	28	32	9	9	18	20	12
Rocky Mt. Spotted Fever.....	0	0	0	0	0	1	0	0
Scarlet Fever.....	399	443	531	444	158	121	122	130
Smallpox.....	62	65	51	77	17	24	22	20
Syphilis.....	130	222	152	166	151	150	115	110
Tetanus.....	1	2	2	2	0	0	2	3
Trachoma.....	11	6	8	3	3	3	6	2
Trichinosis.....	0	0	1	0	0	3	0	0
Tuberculosis.....	232	290	237	202	248	277	230	172
Typhoid Fever.....	5	5	2	4	8	4	4	5
Undulant Fever.....	1	4	0	1	0	0	0	0
Whooping Cough.....	219	240	325	316	240	191	310	283
Totals.....	2453	2700	2962	2805	3062	2278	2818	2477



Chickenpox, mumps and scarlet fever continue along high levels.

✓ ✓ ✓

Epidemic meningitis is still in epidemic stage.

✓ ✓ ✓

Smallpox shows a 50 per cent increase over the preceding week.

✓ ✓ ✓

Whooping cough is high.

